

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1539,386

FILING DATE

8-15-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12			C			
13						
14						
15						
16						
17						
18			C			
19						
20			C			
21						
22				/		
23				/		
24				/		
25				/		
26				/		
27				/		
28				/		
29						
30			C			
31						
32						
33						
34						
35						
36						
37						
38			C			
39						
40			C			
41						
42				/		
43				/		
44			C			
45						
46			C			
47						
48				/		
49			C			
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		28	←
TOTAL CLAIMS					38	